## 121000502256

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

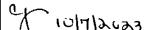


200416342942

09/28/23--01035--021 ++25.00

2023 SEP 26 PH 12: 20

Office Use Only



## **COVER LETTER**

	ision of Cor					
SUBJĖCT:	My Florida			<b>*</b>		
SUBJECT:		Name of Limited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing			
		ndence concerning this matter	_			
	an contape	manner contenting mis maker	to the fellowing.			
		LAURA MEJIA	1			
			Name of Person			
		MY FLORIDA PEO				
Firm/Company						
	3254 CHAPEL CREEK CIR					
Address						
	WESLEY CHAPEL, FL 33544					
			City/State and Zip Code			
		ADMIN@MYFLORIDAPI	O.COM to be used for future annual report no	otification)		
For further in	iformation c	oncerning this matter, please c	•	······································		
LAURA ME	IJA		305 639-0261			
	Name of	Person	Area Code Dayti	me Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration S	ection			
Division of Corporations			Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP 26 PH 12: 21

MY FLORIC	DA PEO. LLC	20 PH 12: 20
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears ed Liability Company)	on our records.) - EUI. 11/23/2021 TALL.
The Articles of Organization for this Limited Liability Compa	nny were filed on SEP	TEMBER 22, 2023 and assigned
Florida document number L21000502256		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited L	ability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3254 CHAPEL C	REEK CIR
(Principal office address MUST BE A STREET ADDRESS)	WESLEY CHAP	EL
	FL 33544	
Enter new mailing address, if applicable:	3254 CHAPEL C	REEK CIR
(Mailing address MAY BE A POST OFFICE BOX)	WESLEY CHAP	EL
	FL 33544	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:  Name of New Registered Agent:  LAURA MI		cords, enter the name of the new registered
New Registered Office Address: 3254 CHAP	Enter Flori	la street address
WESLEY C	HAPEL.	, Florida <u>33544</u>
	City	, Florida
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CARLOS GARCIA	16100 GOLF CLUB RD, APT 110,	□ Add
		WESTON FL 33326	≣Remove
		3254 CHAPEL CREEK CIR	
MGR	LAURA MEJIA	WESLEY CHAPEL FL 33544	<b>=</b> Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Add
			□Remove
			□ Change
			□Add
			□ Remove
			□ Change
			□Add
		<del></del>	□Remove
			□Change

D. II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	1
	<u> </u>
•	1
•	<del></del>
(If an cf Note:	ive date, if other than the date of filing:
If the recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	Signature of a member of authorized representative of a member
	lovoa mejia.
	Typed or printed name of signee